

01-22-02

Alfeissue

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PTO/SB/50 (02-01)

Approved for use through 01/31/2004. OMB 0651-0033

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## **REISSUE PATENT APPLICATION TRANSMITTAL**

Address to:		Attorney Docket No.	98-126US-RE-1/187P1
Assistant Commissioner for Patents Box Reissue Washington, DC 20231		First Named Inventor	Alan S. Walse
		Original Patent Number	6,015,299
		Original Patent Issue Date (Month/Day/Year)	01/18/00
		Express Mail Label No.	EL613564007 US
<b>APPLICATION FOR REISSUE OF:</b> <i>(Check applicable box)</i>		<input checked="" type="checkbox"/> Utility Patent	<input type="checkbox"/> Design Patent
<b>APPLICATION ELEMENTS (37 CFR 1.173)</b>		<b>ACCOMPANYING APPLICATION PARTS</b>	
1. <input checked="" type="checkbox"/>	Fee Transmittal Form (PTO/ SB/ 56) <i>(Submit an original, and a duplicate for fee processing)</i>	10. <input type="checkbox"/>	Statement of status and support for all changes to the claims. See 37 CFR 1.173 (c).
2. <input type="checkbox"/>	Applicant claims small entity status. See 37 CFR 1.27.	11. <input type="checkbox"/>	Original U.S. Patent for surrender
3. <input checked="" type="checkbox"/>	Specification and Claims in double column copy of patent format <i>(amended, if appropriate)</i>	<input type="checkbox"/>	Ribboned Original Patent Grant
4. <input checked="" type="checkbox"/>	Drawing(s) <i>(proposed amendments, if appropriate)</i>	<input type="checkbox"/>	Statement of Loss (PTO/SB/55)
5. <input checked="" type="checkbox"/>	Reissue Oath/Declaration (original or copy) (37 C.F.R. § 1.175) (PTO/SB/51 or 52)	12. <input type="checkbox"/>	Foreign Priority Claim (35 U.S.C. 119) <i>(if applicable)</i>
6. <input checked="" type="checkbox"/>	Power of Attorney	13. <input checked="" type="checkbox"/>	Information Disclosure Statement (IDS)/PTO-1449 <input checked="" type="checkbox"/> Copies of IDS Citations
7. Original U.S. Patent currently assigned? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(If Yes, check applicable box(es))</i>		14. <input type="checkbox"/>	English Translation of Reissue Oath/Declaration <i>(if applicable)</i>
<input checked="" type="checkbox"/>	Written Consent of all Assignees (PTO/SB/53)	15. <input checked="" type="checkbox"/>	Preliminary Amendment
<input checked="" type="checkbox"/>	37 C.F.R. § 3.73(b) Statement (PTO/SB/96)	16. <input checked="" type="checkbox"/>	Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i>
8. <input type="checkbox"/>	CD-ROM or CD-R in duplicate, Computer Program (Appendix) or large table	17. <input checked="" type="checkbox"/> Other: ..... ..... .....	Certificate of Express Mail
9. Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all of the following are necessary)</i>	a. <input type="checkbox"/> Computer Readable Form (CFR)		
	b. Specification Sequence Listing on: i <input type="checkbox"/> CD-ROM (2 copies) or CD-R (2 copies); or ii <input type="checkbox"/> paper		
	c. <input type="checkbox"/> Statements verifying identity of above copies		
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NAME (Print/Type)			Registration No. (Attorney/Agent)
Signature	Raymond M. Mehler		26,306
Date			January 17, 2002

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REISSUE APPLICATION FEE TRANSMITTAL FORM					Docket Number (Optional) 98-126US-RE-1/187 P 151			
Claims as Filed - Part 1								
Claims in Patent		Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity		
				Rate	Fee	OR	Rate	Fee
(A) 23	Total Claims (37 CFR 1.16(j))	(B) 49	**** 26 =	x \$ _____ =		x \$ 18 =	468	
(C) 4	Independent claims (37 CFR 1.16(i))	(D) 8	* 4 =	x \$ _____ =		x \$ 84 =	336	
Basic Fee (37 CFR 1.16(h))					\$ 740	\$ 804		
Total Filing Fee					\$ 1544	\$		
Claims as Amended - Part 2								
	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	OR	Rate
Total Claims (37 CFR 1.16(i))	***	MINUS	**	* =	x \$ _____ =	x \$ _____ =		
Independent Claims (37 CFR 1.16(i))	***	MINUS	*****	=	x \$ _____ =	x \$ _____ =		
Total Additional Fee					\$	\$		
<p>* If the entry in (D) is less than the entry in (C), Write "0" in column 3.</p> <p>** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.</p> <p>*** After any cancellation of claims.</p> <p>**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).</p> <p>***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).</p>								
<p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____. A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. <u>50-1039</u>. A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> A check in the amount of \$ <u>1544.00</u> to cover the filing / additional fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p>								
<b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b>								
 Signature of Applicant, Attorney or Agent of Record								
Raymond M. Mehler Typed or printed name								
<p>January 17, 2002  <u>Date</u></p>								

PATENT  
Docket No. 98-126 US-RE-1  
Case 187 P 151

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Francisca M. A. Hubbard

Francisco M. Nibaldo 1/17/02  
Signature Date